



66 Leroy Street • New York, NY 10014
 Tel (212) 897-0144 • Fax (212) 807-1767
 Email office@nycaeyc.org • Website www.nycaeyc.org

**CONFERENCE 2010
 APPLICATION AND CONTRACT FOR EXHIBIT SPACE**

Please Check:

Commercial Tables: _____ \$250/One Table _____ \$450/Two Tables _____ \$550/Three Tables
Non-Profit Tables: _____ \$50/One Table _____ \$75/One Shared Table _____ \$100/Two Tables

Please complete the following information as you wish it to appear in the Conference Program and on the Booth Identification Sign (If you are a Non-Profit sharing a table, please attach information for 2nd Non-Profit):

Full Name of Company _____

Contact Person _____ Title _____

Name of Person Attending Conference _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Are you a member of NAEYC? _____ Yes _____ No • Membership Number _____ Expiration Date _____

ADDITIONAL OPPORTUNITIES FOR VISIBILITY

Check if you wish to participate:

- Completion of Proof of Visiting Exhibitor Booth:** Each participant will receive a card with the names of all the Exhibitors. Each Exhibitor will either stamp or provide an initial next to their name. Participants will receive a prize upon completion.
- Raffle Prize:** A raffle will be held to bring conferees back to the exhibit area. Prize will be provided by exhibitor. Please bring prize(s) with you when you arrive at The Food and Finance HS to set-up. ___ YES. Our company will contribute # ___ raffle prize(s).
- Program Ad:** _____ YES. Our company would like to place an ad* as indicated below:
 _____ \$50/Business Card _____ \$175/Half Page (7½x4¾ -horizontal) _____ \$250/Full Page(7½x10) _____ \$400/Back Page(7½x10)
 *DUE DATE: **September 13, 2010** (see Exhibitor Information for format and submission requirements)
- Sponsorship:** _____ YES. Our company would like to be a sponsor. Please contact Julianne McLaughlin, Conference Chair at mclaughlin@nycaeyc.org or call (212) 807-0144 for further information.

AGREEMENT

I understand that submission of the Application and Contract for Commercial or Non-Profit Exhibit Space constitutes agreement to adhere to the NYCAEYC Exhibit Information and payment/refund policies (see Exhibitor Information).

PAYMENT: _____ Tables _____ Program Ad (*separate checks please*) _____ Total Amount Enclosed
(indicate dollar amounts)

Signature of person making reservation _____ Date _____

Mail application and checks, payable to NYCAEYC, to: NYCAEYC Conference 2010 – Exhibitors
 66 Leroy Street • New York, NY 10014

Applications may be faxed, but please contact office@nycaeyc.org to discuss payment methods as payment must be received by September 13th.